

# REIMBURSEMENT FOR TRAVEL - FORM D

**PLEASE RETURN FORM TO**  
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
Water and Wastewater Operator Certification  
1520 East Sixth Avenue, P O Box 200901, Helena, MT 59620-0901

## OPERATOR INFORMATION:

OP NUMBER \_\_\_\_\_ OP NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

➤ (Please check appropriate space.) Is the operator paid \_\_\_\_\_ or unpaid \_\_\_\_\_?

## SYSTEM INFORMATION:

PWSID # \_\_\_\_\_ NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## COURSE INFORMATION:

COURSE PROVIDER & LOCATION \_\_\_\_\_ Date \_\_\_\_\_

## TRAVEL INFORMATION:

Left (City) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Returned (City) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Did you drive your own car? \_\_\_\_\_ Number of Miles (Round Trip) if Driven \_\_\_\_\_

**Important:** Lodging and meals are only reimbursed to Unpaid Operators. Unpaid Operators do not receive a monetary compensation for their services. Owners are not Unpaid Operators. You do not need to fill out the information for lodging and meals if you are not eligible.

Cost of Lodging \_\_\_\_\_ Number of Nights \_\_\_\_\_ Cost of Meals \_\_\_\_\_

Person/Entity That Paid for the Travel \_\_\_\_\_ Social Security/Tax ID \_\_\_\_\_  
(Please Print)

Address to Mail Reimbursement \_\_\_\_\_

Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer/System Owner \_\_\_\_\_ Date \_\_\_\_\_

**If another Person or Entity paid for part of the Travel and is requesting reimbursement for it, please fill out the information below.**

What part of the Travel was paid by Entity below? \_\_\_\_\_

Person/Entity that Paid for Travel \_\_\_\_\_ Social Security/Tax ID \_\_\_\_\_

Signature of Person above \_\_\_\_\_ Date \_\_\_\_\_

Address to Mail Travel Reimbursement \_\_\_\_\_  
(Please Print)

### ***THIS BOX FOR OFFICE USE ONLY:***

**Invoice #**

**Date**

\_\_\_\_\_ Paid or Unpaid

\_\_\_\_\_ Operator Status

\_\_\_\_\_ 'C' or 'NTNC'

\_\_\_\_\_ 3,300 or less people

\_\_\_\_\_ Expenses for three or fewer operators for each system

\_\_\_\_\_ Tax ID or Social Security #

\_\_\_\_\_ CEC requirement met

Checked By \_\_\_\_\_